

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

| | | | |
|----------------------------------|----------------|--|---------------------------------|
| 2. SURNAME | MORON | | |
| FIRST NAME | MARIE KRIS | NAME EXTENSION (JR., SR) | |
| MIDDLE NAME | COVERO | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 4/6/1990 | 16. CITIZENSHIP | FILIPINO |
| 4. PLACE OF BIRTH | ORMOC CITY | If holder of dual citizenship, please indicate the details. | Pls. indicate country: |
| 5. SEX | FEMALE | | |
| 6 CIVIL STATUS | SINGLE | | |
| 7. HEIGHT (m) | 1.4986 | 17. RESIDENTIAL ADDRESS | #814 ST. MICHAEL STREET |
| 8. WEIGHT (kg) | 83 | ZIP CODE | House/Block/Lot No. Street |
| 9. BLOOD TYPE | A+ | | PUROK 4 BRGY. DOÑA FELIZA MEJIA |
| 10. GSIS ID NO. | N/A | | Subdivision/Village Barangay |
| 11. PAG-IBIG ID NO. | 1210-9233-4993 | | ORMOC CITY LEYTE |
| 12. PHILHEALTH NO. | 13-025129204-4 | | City/Municipality Province |
| 13. SSS NO. | 06-3223728-3 | 18. PERMANENT ADDRESS | #814 ST. MICHAEL STREET |
| 14. TIN NO. | 418-291-536 | ZIP CODE | House/Block/Lot No. Street |
| 15. AGENCY EMPLOYEE NO. | N/A | | PUROK 4 BRGY. DOÑA FELIZA MEJIA |
| | | | Subdivision/Village Barangay |
| | | | ORMOC CITY LEYTE |
| | | | City/Municipality Province |
| | | 19. TELEPHONE NO. | 6541 |
| | | 20. MOBILE NO. | 0998 462 9770 |
| | | 21. E-MAIL ADDRESS (if any) | mariekriscmoron@gmail.com |

II. FAMILY BACKGROUND

| | | | | |
|--------------------------|-----------|--------------------------|---|----------------------------|
| 22. SPOUSE'S SURNAME | N/A | | 23. NAME OF CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME | N/A | NAME EXTENSION (JR., SR) | N/A | N/A |
| MIDDLE NAME | N/A | | | |
| OCCUPATION | N/A | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | |
| BUSINESS ADDRESS | N/A | | | |
| TELEPHONE NO. | N/A | | | |
| 24. FATHER'S SURNAME | MORON | | | |
| FIRST NAME | BERLITO | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | FLORES | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | TENEBRO | | | |
| FIRST NAME | MARIANELA | | | |
| MIDDLE NAME | COVERO | | | |

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

| 26. LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGREE/COURSE (Write in full) | PERIOD OF ATTENDANCE | | HIGHEST LEVEL/ UNITS EARNED (if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|------------------------------|-----------------------------------|--|----------------------|------|--|-------------------|--|
| | | | From | To | | | |
| ELEMENTARY | STO. NIÑO COLLEGE of ORMOC | | 1996 | 2002 | | 2002 | SALUTA-TORIAN |
| SECONDARY | STO. NIÑO COLLEGE of ORMOC | | 2003 | 2006 | | 2006 | 3RD HONOR |
| VOCATIONAL / TRADE COURSE | N/A | | | | | | |
| COLLEGE | SOUTHWESTERN UNIVERSITY | BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY | 2007 | 2010 | | 2010 | |
| GRADUATE STUDIES | N/A | | | | | | |

(Continue on separate sheet if necessary)


| | | | |
|-----------|---|------|-----------------|
| SIGNATURE |  | DATE | January 4, 2021 |
|-----------|---|------|-----------------|

| IV. CIVIL SERVICE ELIGIBILITY | | | | | | |
|-------------------------------|---|---------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------|
| 27. | CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | RATING (If Applicable) | DATE OF EXAMINATION / CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable) | |
| | | | | | NUMBER | Date of Validity |
| | MEDICAL TECHNOLOGIST LICENSURE EXAM | 75.30% | MARCH 22-23,2011 | CEBU CITY | 0056874 | 4/6/2023 |
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V. WORK EXPERIENCE

[illegible]

| | | | |
|------------------|---|-------------|-----------------|
| SIGNATURE |  | DATE | January 4, 2021 |
|------------------|---|-------------|-----------------|

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S | | | | | | |
|---|--|---|------------|-----------------|---|--|
| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK | |
| | | From | To | | | |
| | JESUS THE REDEEMER COVENANT COMMUNITY (FATIMA COGON, ORMOC CITY, LEYTE) | 9/15/2015 | PRESENT | N/A | COMMUNITY MEMBER / YOUTH LEADER | |
| | STUDENT COUNCIL ORGANIZATION (STO. NINO COLLEGE, ORMOC CITY) | 6/1/2003 | 3/1/2004 | N/A | SECOND YEAR REPRESENTATIVE | |
| | THE GOLDEN CHRONICLE EDITORIAL ORGANIZATION (STO. NINO COLLEGE) | 6/1/2003 | 3/1/2004 | N/A | MEMBER | |
| | | | | | | |
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| (Continue on separate sheet if necessary) | | | | | | |
| VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED | | | | | | |
| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
| | | From | To | | | |
| | MID YEAR PRE CONVENTION | 5/22/2019 | 5/22/2019 | 8 HOURS | PRECONVENTION SEMINAR | PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGIST (PAMET) |
| | MID YEAR CONVENTION | 5/22/2019 | 5/25/2019 | 8 HOURS | CONVENTION SEMINAR | PHILIPPINE ASSOCIATION OF MEDICAL TECHNOLOGIST (PAMET) |
| | NATIONAL EXTERNAL QUALITY ASSESSMENT IN HEMATOLOGY AND CHEMISTRY | 10/18/2016 | 10/19/2016 | 8 HOURS | ORIENTATION UPDATE | DEPARTMENT OF HEALTH (DOH) |
| | POINT OF CARE TESTING SEMINAR | 10/3/2014 | 10/3/2014 | 8 HOURS | SEMINAR | ROCHE (PHILIPPINES) INC. |
| | HOW TO ENSURE EXCELLENT EXTERNAL QUALITY ASSESSMENT RESULT | 6/9/2014 | 6/9/2014 | 8 HOURS | QUALITY CONTROL PROGRAM | LIFELINE DIAGNOSTIC SUPPLIES |
| | MEDICAL TECHNOLOGIST VOLUNTEER | 9/1/2010 | 10/1/2010 | 8 HOURS | VOLUNTEER STAFF | ORMOC POLYMEDIC AND DIAGNOSTIC CLINIC |
| | MEDICAL TECHNOLOGY INTERNSHIP | 4/1/2010 | 5/1/2010 | 8 - 16 HOURS | MED TECH INTERN | VISAYAS COMMUNITY MEDICAL CENTER (VCMC) |
| | MEDICAL TECHNOLOGY INTERNSHIP | 1/1/2010 | 3/1/2010 | 8 - 16 HOURS | MED TECH INTERN | VICENTE SOTTO MEMORIAL MEDICAL CENTER (VSMC) |
| | MEDICAL TECHNOLOGY INTERNSHIP | 11/1/2009 | 12/1/2009 | 8 - 16 HOURS | MED TECH INTERN | SACRED HEART HOSPITAL (SHH) |
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| (Continue on separate sheet if necessary) | | | | | | |
| VIII. OTHER INFORMATION | | | | | | |
| 31. | SPECIAL SKILLS and HOBBIES | 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | | | 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) | |
| | COMPUTER LITERACY | | | | | |
| | SINGING | | | | JESUS THE REDEEMER COVENANT COMMUNITY CHOIR (MOTHER OF THE REDEEMER PARISH) | |
| | BASIC GARDENING / PLANTING | | | | | |
| | BASIC GUITAR PLAYING | | | | | |
| | HANDICRAFTING / RECYCLING ART | | | | | |
| | | | | | | |
| | | | | | | |
| (Continue on separate sheet if necessary) | | | | | | |
| SIGNATURE | |  | | | DATE | January 4, 2021 |

| <p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p> | <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
|---|---|---|---|---|--|--|-------------|--------------------------|-------------------|-------------|----------------------------|-------------|-------------|
| <p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p> | <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p> | | | | | | | | | | | | |
| <p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p> | <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
| <p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p> | <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
| <p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p> | <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details: _____</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
| <p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p> | <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, give details (country): _____</p> | | | | | | | | | | | | |
| <p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p> | <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <p>If YES, please specify: _____</p> <p>If YES, please specify ID No: _____</p> <p>If YES, please specify ID No: _____</p> | | | | | | | | | | | | |
| <p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>JOE ANN C. POLO</td> <td>VISCA, BAYBAY CITY, LEYTE</td> <td>09178858983</td> </tr> <tr> <td>DELIA D. CORBO, RSW, MPA</td> <td>ORMOC CITY, LEYTE</td> <td>09062456601</td> </tr> <tr> <td>GRACE C. QUIJANO, RMT, MPH</td> <td>BATO, LEYTE</td> <td>09351825623</td> </tr> </tbody> </table> | | NAME | ADDRESS | TEL. NO. | JOE ANN C. POLO | VISCA, BAYBAY CITY, LEYTE | 09178858983 | DELIA D. CORBO, RSW, MPA | ORMOC CITY, LEYTE | 09062456601 | GRACE C. QUIJANO, RMT, MPH | BATO, LEYTE | 09351825623 |
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| DELIA D. CORBO, RSW, MPA | ORMOC CITY, LEYTE | 09062456601 | | | | | | | | | | | |
| GRACE C. QUIJANO, RMT, MPH | BATO, LEYTE | 09351825623 | | | | | | | | | | | |
| <p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p> | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: PHILIPPINE REGULATION COMMISSION</td> </tr> <tr> <td>ID/License/Passport No.: 0056874</td> </tr> <tr> <td>Date/Place of Issuance: 04/13/2011</td> </tr> </table> | Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance | Government Issued ID: PHILIPPINE REGULATION COMMISSION | ID/License/Passport No.: 0056874 | Date/Place of Issuance: 04/13/2011 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> Signature (Sign inside the box) JANUARY 04, 2021 Date Accomplished </td> </tr> </table> | Signature (Sign inside the box) JANUARY 04, 2021 Date Accomplished | | | | | | | |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance | | | | | | | | | | | | | |
| Government Issued ID: PHILIPPINE REGULATION COMMISSION | | | | | | | | | | | | | |
| ID/License/Passport No.: 0056874 | | | | | | | | | | | | | |
| Date/Place of Issuance: 04/13/2011 | | | | | | | | | | | | | |
| Signature (Sign inside the box) JANUARY 04, 2021 Date Accomplished | | | | | | | | | | | | | |
| <div style="text-align: center;"> Right Thumbmark </div> | | | | | | | | | | | | | |
| <p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 50px; margin: 10px auto; text-align: center; padding-top: 5px;"> Person Administering Oath </div> | | | | | | | | | | | | | |